

PRO SE

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Re: JACQUELINE SANCHEZ  
22 DONALD AVENUE  
NEWTON, NJ 07860

Atty: PRO SE

,

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF NEW JERSEY**

**TRUSTEE'S REPORT OF RECEIPTS AND DISBURSEMENTS AS OF 1/1/2025  
Chapter 13 Case # 23-15875**

**NOTE: THIS IS A BASE PLAN IN THE AMOUNT OF \$13,412.00**

**RECEIPTS AS OF 01/01/2025**

(Please Read Across)

Date	Amount	Source Document No.	Date	Amount	Source Document No.
08/22/2023	\$181.00		09/22/2023	\$181.00	
10/23/2023	\$225.00		11/22/2023	\$225.00	
12/22/2023	\$225.00		01/23/2024	\$225.00	
02/23/2024	\$225.00		03/22/2024	\$225.00	
04/22/2024	\$225.00		05/22/2024	\$225.00	
06/25/2024	\$225.00		07/22/2024	\$225.00	
08/22/2024	\$225.00		09/23/2024	\$225.00	
10/22/2024	\$225.00		11/22/2024	\$225.00	
12/23/2024	\$225.00				
<b>Total Receipts: \$3,737.00 - Amount Refunded to Debtor: \$0.00 = Receipts Applied to Plan: \$3,737.00</b>					

**LIST OF PAYMENTS TO CLAIMS AS OF 01/01/2025**

(Please Read Across)

Claimant Name	Date	Amount	Check #	Date	Amount	Check #
FLAGSTAR BANK	12/16/2024	\$115.73	937,812			

**CLAIMS AND DISTRIBUTIONS**

Claim #	Claimant Name	Class	Allowed Claim	Percent to be Paid	Paid	Unpaid Balance *
TTE	TRUSTEE COMPENSATION	ADMIN			259.77	TBD
ATTY	ATTORNEY (S) FEES	ADMIN	3,150.00	100.00%	3,150.00	0.00
COURT	CLERK OF COURT	ADMIN	0.00	100.00%	0.00	0.00
0001	CAPITAL ONE	UNSECURED	0.00	*	0.00	
0002	CAPITAL ONE, NA	UNSECURED	0.00	*	0.00	
0003	JPMORGAN CHASE BANK NA	UNSECURED	11,013.88	*	0.00	
0004	CITI CARD/BEST BUY	UNSECURED	0.00	*	0.00	
0005	DR. DARIO J. CUNICO, DDS	UNSECURED	0.00	*	0.00	
0006	FLAGSTAR BANK	(NEW) Prepetition /	2,387.13	100.00%	327.23	

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Claim #	Claimant Name	Class	Allowed Claim	Percent to be Paid	Paid	Unpaid Balance *
0008	NJ AMBULATORY ASESTHESIA ASSOC.	UNSECURED	0.00	*	0.00	
0009	OKLAHOMA STUDENT LOAN AUTHORITY	UNSECURED	0.00	*	0.00	
0012	PRA RECEIVABLES MANAGEMENT LLC	UNSECURED	732.03	*	0.00	
0013	NJ AMBULATORY ASESTHESIA ASSOC.	UNSECURED	2,738.87	*	0.00	
0014	OKLAHOMA STUDENT LOAN AUTHORITY	UNSECURED	0.00	*	0.00	
0015	OVERLOOK HOSPITAL	UNSECURED	175.00	*	0.00	
0016	LVNV FUNDING LLC	UNSECURED	388.22	*	0.00	
0017	PRA RECEIVABLES MANAGEMENT LLC	UNSECURED	573.06	*	0.00	
0018	AIDVANTAGE	UNSECURED	8,042.67	*	0.00	

**Total Paid: \$3,737.00**

See Summary

## SUMMARY

Summary of all receipts and disbursements from the date the case was filed , to and including: January 18, 2025.

Receipts: \$3,737.00      -      Paid to Claims: \$327.23      -      Admin Costs Paid: \$3,409.77      =      Funds on Hand: \$0.00

**\*\*NOTE:** THIS REPORT IS NOT TO BE USED AS A PAYOFF FIGURE. ADDITIONAL ALLOWED CLAIMS AND OTHER VARIABLES MAY AFFECT THE AMOUNT TO COMPLETE THE PLAN.